

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009061

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1705

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

lifetime

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3220 Harper St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR

TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

3220 Harper St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Josephine

Marklosky

4. DATE

Month

Day

Year

February 15, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/22/87

9. AGE (last birthday)

75 Yrs.

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Joseph Pestka

13b. MOTHER'S MAIDEN NAME

Josephine Kornowska

14. NAME OF HUSBAND OR WIFE

Joseph Marklosky

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edward Marklosky 3220 Harper St.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days:☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year,
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 2 '63 to Feb 15 '63 and last saw her alive on Feb 12 '63
Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis Missouri

24. FUNERAL DIRECTOR

Morrell

ADDRESS

3710 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 18 1963

26. REGISTRAR'S SIGNATURE

Ead Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

90

#8877

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Foran E. Perry

Licensed Embalmer No. 4094

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.